



Attorney Docket No. 28CK-27

**ORIGINAL**

DT03 Rec'd PCT/PTO 10 FEB 2005 NT

PCT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Masahiro Shiroo, et al.

Group No.:

Serial No.: 10/511,556

Examiner:

Filed: 10/15/2004

For: Regulation of Human Transient Receptor Potential Channel

**CERTIFICATION OF MAILING UNDER 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence and any papers referred to as attached are being deposited, on the date shown below, with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date:

2/8/05

Beatriz Alviz

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**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  
BEFORE MAILING OF FIRST OFFICE ACTION (37 C.F.R. 1.97(b))**

Dear Sir:

Applicants wish to cite for the record in the above-identified application the references shown on the accompanying copy of PTO form 1449.

**IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING  
INFORMATION DISCLOSURE STATEMENT**

The information disclosure statement transmitted herewith is being filed within three months of the filing or nationalization of this application, or before the mailing date of the first Office action on the merits.

- US WO3/0120049 corresponds to WO 01/68698, which was cited in the earlier-filed IDS.

**FEE PAYMENT**

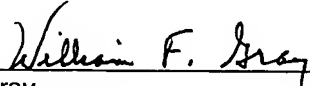
Applicants believe that no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fees that may have been overlooked but that are required to Deposit Account 13-3372. Additionally, please credit any overpayment to the same account.

Respectfully submitted,

Reg. No. 31, 018

Telephone: (203) 812-2712

Date: 8 February 2005

  
William F. Gray  
Attorney for Applicant(s)  
Bayer Corporation  
400 Morgan Lane  
West Haven, CT 06516

## INFORMATION DISCLOSURE CITATION

Applicant(s)

Masahiro SHIROO

## U.S. PATENT DOCUMENTS

*	DOCUMENT NO.								DATE (MM/DD/YY)	NAME	CLASS	SUB- CLASS	FILING DATE IF APPROPRIATE
	U1	20	03	/	0	12	00	49	06/26/03	Schulz, Guenter	536/23.1		

## FOREIGN PATENT DOCUMENTS

*	DOCUMENT NO.								DATE (DD/MM/YY)	COUNTRY	PRIMARY CLASS	SUB- CLASS	TRANSLATION	
													YES	NO

## OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, etc.)


EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.